

JC20 Rec'd PCT/PTO 18 MAY 2005

APPLICATION DATA SHEET**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: NO

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: NO

Computer Readable Form (CRF)?:: NO

Number of Copies of CRF::

Title:: DEVICE MOVABLE ALONG BODY SURFACE

Attorney Docket Number:: I0004/7002

Request for Early Publication?:: No

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: Yes

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Fukushima

Middle Name::

Family Name:: Urakami

Name Suffix::

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Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Fukushima
Middle Name::
Family Name:: Urakami
Name Suffix::

City of Residence:: Kanagawa-ken
State or Province of Residence::
Country of Residence:: Japan
Street of Mailing Address:: 17-24, Konandai 4-chome,
:: Konan-ku, Yokohama-shi
City of Mailing Address:: Kanagawa-ken
State or Province of Mailing Address::
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 234-0054

Applicant Authority Type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
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Name Suffix::
City of Residence::
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State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 022832

Representative Information

Representative Customer Number:: 022832

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application		/ ,	/ /

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2002-333127	11/18/2002	Yes
WO	PCT/JP2003/014615	11/17/2003	Yes

Assignee Information

Assignee Name::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::